

Metro North Hospital and Health Board

Safety and Quality Committee | Terms of Reference

1. Purpose

The purpose of the Metro North Hospital and Health Board (the '**Board**') Safety and Quality Committee (the '**Committee**') is to provide independent assurance and advice to the Board on:

- (a) The safety and quality of health services provided by the Service; and
- (b) The Service's Workplace Health and Safety Plan.

The Committee has an oversight role and does not replace management's primary responsibilities for the management of safety and quality – or governance of the Service generally.

The Committee will provide prompt and constructive reports on its findings directly to the Board highlighting issues that it considers are not being adequately addressed by management. The minutes of the Committee's meetings will be promptly provided to the Board.

2. Authority

The Committee has been prescribed as a committee of the Board under the *Hospital and Health Boards Regulation 2023* (Qld). The Committee:

- (a) Reports to the Board;
- (b) Has its 'Terms of Reference' approved by the Board; and
- (c) Has been authorised by the Board, within the scope of its responsibilities, to:
 - (i) Examine any matter in relation to its objectives, as it sees fit, or as requested by the Board;
 - (ii) Engage external resources, if necessary, to obtain independent advice in relation to Committee matters with the approval of the Board; and
 - (iii) Access all levels of management via the Health Service Chief Executive ('**HSCE**') in order to seek information from any employee to assist in carrying out the Committee's responsibilities.

Decision-making

The Committee has no executive powers.

The Committee is an advisory committee of the Board. In discharging its responsibilities, the Committee has the authority to:

- (a) Recommend investigations into matters within its scope of responsibility;
- (b) Access information, records and personnel of the Service and the Queensland Health Department's 'Shared Service Provider' for this purpose;
- (c) Request attendance of any employee, including Executive staff, at Committee meetings;
- (d) Conduct meetings with internal and external auditors, as necessary; and
- (e) Seek advice from external parties, as necessary.

Recommendations of the Committee will be regarded as a collective decision or advice unless there is material dissension.

If consensus cannot be reached, the Chair of the Committee reserves the right to escalate the matter to the Board.

The minority view will be recorded in the minutes of the meeting and placed before the Board.

Where the matter for consideration is beyond the scope of the Committee, the decision is to be referred to another committee, or the Board.

3. Guiding Principles

The *Hospital and Health Boards Act 2011* (Qld) and the *Public Sector Act 2022* (Qld) are the principal legislative instruments that guide the functions of the Committee. The guiding principles contained within that legislation guides all decisions of the Committee and include, but are not limited to:

Hospital and Health Boards Act 2011 (Qld)

- (a) The best interests of users of public sector health services should be the main consideration in all decisions and actions under this Act;
- (b) There is a commitment to ensuring quality and safety in the delivery of public sector health services;
- (c) There is a commitment to achieving health equity for Aboriginal people and Torres Strait Islander people;
- (d) There is a commitment to the delivery of responsive, capable and culturally competent health care to Aboriginal people and Torres Strait Islander people;
- (e) Providers of public sector health services should work with providers of private sector health services to achieve coordinated, integrated health service delivery across both sectors;
- (f) There should be responsiveness to the needs of users of public sector health services about the delivery of public sector health services;
- (g) Information about the delivery of public sector health services should be provided to the community in an open and transparent way;
- (h) There is a commitment to ensuring that places at which public sector health services are delivered are places at which –
 - (i) Employees are free from bullying, harassment and discrimination;
 - (ii) Employees are respected and diversity is embraced; and
 - (iii) There is a positive workplace culture based on mutual trust and respect.
- (i) There should be openness to complaints from users of public sector health services and a focus on dealing with the complaints quickly and transparently;
- (j) There should be engagement with clinicians, consumers and community members and local primary healthcare organisations in planning, developing and delivering public sector health services;
- (k) Opportunities for research and development relevant to the delivery of public sector health services should be promoted; and
- (l) Opportunities for training and education relevant to the delivery of public sector health services should be promoted.

Public Sector Act 2022 (Qld)

The management of the public sector should be guided by the following principles:

- (a) Achieving a spirit of service to the community;
- (b) Ensuring accountability, integrity and support of the public interest;
- (c) Ensuring independence, transparency and impartiality in giving advice and making decisions;
- (d) Achieving responsiveness, innovation and creativity;
- (e) Promoting collaboration between public sector entities and other entities in providing services to the community;
- (f) Achieving continuous organisational improvement.

4. Functions

The Committee has the following functions under section 45 of the *Hospital and Health Boards Regulation 2023* (Qld):

- (a) Advising the Board on matters relating to the safety and quality of health services provided by the Service, including the Service's strategies for the following—
 - (i) minimising preventable patient harm;
 - (ii) reducing unjustified variation in clinical care;
 - (iii) improving the experience of patients and carers of the Service in receiving health services;
 - (iv) complying with national and State strategies, policies, agreements and standards relevant to promoting consultation with health consumers and members of the community about the provision of health services by the Service;

Examples of policies and standards –

- the document called 'Australian Charter of Healthcare Rights' published by the Australian Commission on Safety and Quality in Health Care
 - the 'National Safety and Quality Health Service Standards', 2nd edition, formulated by the Australian Commission on Safety and Quality in Health Care
- (b) monitoring the Service's governance arrangements relating to the safety and quality of health services, including by monitoring compliance with the Service's policies and plans about safety and quality;
 - (c) promoting improvements in the safety and quality of health services provided by the Service;
 - (d) monitoring the safety and quality of health services being provided by the Service using appropriate indicators developed by the Service;
 - (e) Monitoring the workplace culture of the Service in relation to the safety and quality of health services provided by the Service
 - (f) collaborating with other safety and quality committees, the department and State-wide quality assurance committees in relation to the safety and quality of health services;
 - (g) Any other function given to the Committee by the Board, if the function is not inconsistent with a function mentioned in paragraphs (a) – (e).

Example of a function for paragraph (f) —

overseeing workplace health and safety practices in the Service.

The Board has also provided the following, additional, functions to the Committee under section 45(g) of the *Regulation*:

- (h) Overseeing the assessment, and evaluation, of the quality of health services – including the reporting and making of recommendations concerning those services and monitoring the implementation of its recommendations;
- (i) Monitoring health and safety indicators focused on improving health service access, and outcomes, for Aboriginal people and Torres Strait Islander people.

In addition to the above functions, the Committee will share information with other committees of the Board and refer matters that are the remit of other committees in a timely manner. The Committee will also accept matters referred to it by the Board and other committees of the Board and provide advice on how such matters are addressed.

5. Risk Management

A proactive approach to risk management will underpin the business of the Committee. The Committee will:

- (a) Identify risks, and mitigating strategies, associated with all decisions made; and
- (b) Implement processes to enable the committee to identify, monitor and manage critical risks as they relate to the functions of the Committee.

6. Sub-Committees

The Chair of the Committee has the authority to create relevant sub-committees or other subordinate bodies deemed necessary to assist the Committee in discharging its responsibilities.

7. Reporting

The Committee will prepare prompt and timely reports to the Board outlining relevant matters that have been considered by it, as well as the Committee's opinions and recommendations thereon. The Chair will report to the Board on a regular basis.

The Committee will provide the following to the Board:

- Annual meeting schedule; and
- Confirmed meeting minutes following each meeting.

The Committee will receive the following reports as standing items:

- Safety and Quality Report
- External Reviews and Actions
- Internal audit reports pertaining to clinical governance and safety and quality matters
- Occupational Health and Safety Report
- Legal Claims Report
- Work Program.

The Committee may also receive reports on an 'as needs' basis, where the report is relevant to the Committee's functions. Reports are to be provided to the secretariat no later than eight days prior to the meeting for inclusion in the meeting pack for Committee members.

8. Membership

Membership is determined by the Board. Members, including the Chair, will include at least two members of the Board, or, where the necessary skills do not exist on the Board, the Board may appoint an external member of the Committee.

If the Chair is absent from a meeting or vacates the Chair at a meeting, the Chair must appoint another member to act as the Chair on a temporary basis.

Standing invitees

The following positions will be invited to attend each meeting:

- Health Service Chief Executive
- Chief Operating Officer
- Executive Director Clinical Governance
- Executive Director Clinical Services
- Executive Director Aboriginal and Torres Strait Islander Health

- Chief Medical Officer
- Chief Allied Health Practitioner
- Chief Nursing and Midwifery Officer
- Director Surgery Royal Brisbane and Women's Hospital
- Director Workplace Health & Safety
- Head of Legal Services.

Proxies

Proxies are only able to attend if approved by the Chair. Proxies are to be notified to the Secretariat prior to the meeting and be fully orientated by the member. The Secretariat will ensure all proxies are formally made aware of the confidentiality and privacy obligations that attend the Committee's processes.

9. Other participants

The Chair may request the Service's health executives, employees or external parties to attend a meeting of the Committee. However, such persons do not assume membership or participate in any decision-making processes of the Committee.

All invited guests will be orientated to the confidentiality and privacy requirements incumbent upon Committee functions by the Secretariat.

Clinical expertise and representatives will be requested to attend, as required, to inform decisions and discussion as necessary.

10. Quorum

A quorum will comprise the number equal to one-half of the number of its members or, if one-half is not a whole number, the next highest whole number.

11. Out-of-session Papers

Urgent matters can be progressed out-of-session with the agreement of the Chair.

12. Performance

The Committee will undertake an annual self-assessment of its performance to ensure that the Committee remains fit for purpose and to identify and action any areas in which the effectiveness of the Committee could be improved. The Committee will provide a report on the annual review of performance and achievements to the Board.

Periodically, the Chair will discuss professional development and training needs for all members of the Committee. When training needs are identified, these will be discussed with the Board Chair and subsequent Board approval sought. The Secretariat will make the arrangements for registration and payment.

13. Ethical Practices

To meet ethical obligations under the *Hospital and Health Boards Act 2011* (Qld); the *Public Sector Act 2022*(Qld); and the *Public Sector Ethics Act 1994* (Qld), Committee members must declare any conflicts of interest whether of an actual, perceived or potential nature, and must manage those identified conflicts in consultation with the Chair.

In managing consideration of a conflict, the Committee will ensure adherence to the procedures contained within Schedule 1, s 9 of the *Hospital and Health Boards Act 2011* (Qld).

Members will, at all times in the discharge of their duties and responsibilities, exercise honesty, objectivity, independence and probity and not engage knowingly in acts or activities that have the potential to discredit the Service.

Members will refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and will, at all times, act in a proper and prudent manner in the use of information acquired in the course of their duties. Members will not use the Service's information for personal gain for themselves or their immediate families or in any manner that would be contrary to law or detrimental to the welfare and goodwill of the Service. Further, members must not publicly comment on matters related to activities of the Committee other than as authorised by the Board.

14. Confidentiality and Privacy

Members of the Committee may from time-to-time be in receipt of information that is regarded as subject to legal professional privilege, 'commercial in confidence', clinically confidential or otherwise private. Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain. Members will maintain the committee papers in a confidential manner separate from any other business or responsibilities of the member.

Members are to treat information discussed within Committee processes as strictly confidential, at all times, except for those purposes that promote the exercise of the Committee's functions. Where there is doubt as to whether a proposed disclosure of information would be consistent with the Committee's functions, guidance may be sought from the Committee itself or the Chair.

15. Secretariat

Secretariat support will be provided by the Board Secretary or Board Liaison Officer. The Secretariat will be responsible for the preparation and circulation of the meeting agenda and accurately minuting all decisions of the Committee, in consultation with the Chair. The Secretariat will also be responsible for the timely tabling of all correspondence, reports and other information relevant to the Committee's activities. The Secretariat is responsible for the maintenance of information systems which ensure confidentiality of all Committee documents.

16. Meeting Schedule

Meetings will be held at least six times a year. In addition, the Chair may call additional meetings as necessary to address any matters referred to the Committee or in respect of matters the Committee wishes to pursue within the Terms of Reference.

17. Business Rules

As per the Metro North Board Charter, which provides the corporate governance framework for the authority, role, operation, membership, functions and responsibilities of the Board. Procedures of the Committee are conducted in accordance with the *Hospital and Health Boards Act 2011* (Qld) and the *Hospital and Health Boards Regulation 2023* (Qld).

Approved by the Metro North Hospital and Health Board on 29 August 2023

Review date August 2025